


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 550199 1. Entity Name UNITED INVESTMENTS, INC.	
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Principal Place of Business 2933 S. FLORIDA AVE. SUITE 4 LAKELAND, FL 33803	Mailing Address 2933 S. FLORIDA AVE. SUITE 4 LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1772759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHARAR, TOM E
2933 S FLORIDA AVE
SUITE 4
LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Tom E Scharar DATE: 2-7-8
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE: 02/20/08-80091-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHARAR, TOM E 2933 S FLORIDA AVE #4 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SCHARAR, DAPHNE 1202 BRIARBROOK HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS SCHARAR, RYAN 1202 BRIARBROOK HOUSTON, TX 77042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom E Scharar DATE: 2-7-8 863 687-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #